

## **Clinic2Cloud Secure Messaging Application**

THIS APPLICATION FORM IS SPECIFICALLY FOR USE TO APPLY FOR A CLINIC2CLOUD HEALTHLINK MESSAGING ACCOUNT. APPLICATIONS MADE USING THIS FORM WILL BE ASSOCIATED WITH THE HOST EDI **C2CPRODU** AND CAN ONLY BE ACCESSED VIA THE CLINIC2CLOUD HOSTED APPLICATION

Please complet	te the Form below and return via F	ax to <b>(07) 4401 5652</b>	or email request@healthlink.ne	et .
Date:				
Practice Name:	:			
Practice Phone: _()		Practice Fax: _()		
Address:				
Contact Persor	n:	Position:		
Practice Email:				
HPI-O:		Existing HealthLink Account (if known):		
Clinical Softwa	re: CLINIC2CLOUD			
Operating Syst	em: HOSTED SYSTEM – ALIAS	ED ACCOUNT TO ED	I C2CPRODU	
	Doctor's Name	Provider Number	Speciality	